

## Health

# Positive steps



Dr. Jonathan Teitelbaum, director of pediatric gastroenterology at The Children's Hospital at Monmouth Medical Center in Long Branch, talks to 12-year-old Madison Hoskins, who has Crohn's disease. KEITH J. WOODS/STAFF PHOTO

## CROHN'S DISEASE

With the mission to cure Crohn's disease and ulcerative colitis and improve the quality of life for children and adults affected by these diseases, the New Jersey chapter of the Crohn's & Colitis Foundation of America (CCFA) will sponsor its annual three-mile Take Steps for Crohn's & Colitis walk in Belmar later this month.

**When:** May 22. Registration begins at 3:30 p.m., and the walk begins at 5 p.m.

**Where:** Belmar's Silver Lake, on Ocean Avenue between Fifth and Sixth avenues.

**How to Register:** Visit the NJ Chapter Belmar Walk online at [www.ctakesteps.org/belmar](http://www.ctakesteps.org/belmar) or CCFA at [www.ccfa.org](http://www.ccfa.org).

## New treatments, enhanced awareness help patients live with Crohn's disease, colitis

By Susan Bloom  
For NJ Press Media

The Thanksgiving and Christmas holidays traditionally are an exciting time for kids, filled with fun, seasonal events, parties and gifts. But 12-year-old Middletown resident Madison Hoskins was in for a different type of excitement as she approached the holidays in 2009.

Suffering from severe stomach pains and passing "a ton of blood" in her stool, according to her mother, Kim, Madison spent one night that November screaming in the emergency room at Monmouth Medical Center in Long Branch while doctors worked to determine the problem.

"A doctor friend of ours said that it sounded like colitis, but that Madison seemed a little young to have that condition," Kim, 42, said. "But after tests revealed that her colon was definitely inflamed, we were told to follow up with a gastrointestinal specialist."

That Christmas Eve, Madison underwent both a colonoscopy and an upper endoscopy that revealed the presence of colitis and ulcers. She was diagnosed with Crohn's disease.

According to Dr. Jonathan Teitelbaum, director of pediatric gastroenterology at The Children's Hospital at Monmouth Medical Center, "inflammation to the lining of the intestines typically falls under a broader category known as in-

flammatory bowel disease (IBD).

The type and location of the irritation generally determines whether it's Crohn's disease or ulcerative colitis — colitis is only in the colon or large intestine, while Crohn's can be anywhere in the intestines. An endoscopy, which involves the insertion of a camera into the stomach and colon, is used to determine the exact location and condition, he said.

According to Teitelbaum, there are about 1 million adults and 100,000 children in the U.S. suffering from some form of IBD, a condition believed to involve an imbalance of the immune system that causes an irritation to the intestinal system; the disease is likely the combination of a genetic problem and environmental factors that trigger a flare-up.

"Symptoms of Crohn's disease include stomachaches, diarrhea and weight loss, as well as height issues in kids, while ulcerative colitis often involves bloody diarrhea, with or without stomach pain," Teitelbaum said. "In both cases, patients can also experience eye irritation, joint pain, skin rashes and fever."

Steroids and aspirin-like medications traditionally have been used to help adjust the immune system and coat the colon in an effort to decrease inflammation.

For Madison, then 10, the anti-inflammatory medication she was given to ease her stomach pains and reduce her blood loss met with only moderate success. Nor did she receive the hoped-for relief promised by a special diet that restricted her intake of sugars, grains and preservatives.

"Ultimately, Madison still had some flare-ups," Kim said. "The bleeding continued, which caused her to become anemic and tired, and she stopped growing."

"I was just in a lot of pain and running to the bathroom all the time," Madison said.

See STEPS, Page B8

## Are hospital errors on the rise?

By Steven Reinberg  
HealthDay

A new method for identifying medical errors contends that as many as 90 percent of hospital mistakes are overlooked.

The actual error rate is 10 times greater than previously thought, despite a recent focus on reducing error rates and improving patient safety, a new study suggests.

"The more you look for errors, the more you find," said lead researcher Dr. David C. Classen, an associate professor of medicine at the University of Utah.

"There is a large opportunity for improvement, despite all the work that's been done," he said. "And we need better measurement systems to assess how we are doing in patient safety."

One factor in the high number of errors is that hospital patients tend to be sicker than they were years ago, Classen noted. With the advent of outpatient treatment, "the healthier patients are no longer in hospitals," he said.

"We have a much more complicated patient mix — more problems, more medications — so there is more room for error," Classen explained.

In addition, better methods exist for detecting errors, he said. In this study, researchers used a new comprehensive review of hospital records, called the Global Trigger Tool. Moreover, the tool was used by experienced reviewers from outside the hospitals, Classen said.

Most hospitals rely on voluntary error-reporting systems or coding systems that utilize records on patients' charts, Classen said. These are the methods recommended by the U.S. Agency for Healthcare Research and Quality (AHRQ), he noted.

"It turns out that both those methods are dramatically infe-

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**DR. DAVID C. CLASSEN,**  
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rior to Global Trigger Tool," Classen said. "The problem is that most hospitals use these methods to track their safety problems, and they are missing 90 percent of them."

For the study, published in the April issue of Health Affairs, Classen's team compared the Global Trigger Tool with the methods recommended by the AHRQ. Applying both tools to 795 patient records, the researchers found the AHRQ methods identified 35 errors, while the Global Trigger Tool found 354 errors.

Medication errors were most common, followed by errors in surgical and non-surgical procedures and in common infections, Classen said.

"These are the areas where we have always found problems," he said. "Obviously, we still have a lot of room for improvement."

These findings are conservative, the researchers pointed out, because the error rate is based on a review of medical records, which cannot identify as many errors as direct, real-time observation.

Classen noted that any hospital can use the Global Trigger Tool.

"A number of people believe a tool like this should become a standard measure of safety in U.S. hospitals," he said.

See ERROR, Page B8

## People's Pharmacy

By Joe Graedon & Teresa Graedon

## How to handle side effects

**Q.** High blood pressure drugs give my husband severe headaches and make his legs swell up. His eyes hurt, and his vision is blurry.

He's tried at least six different types of medicines, but has reacted badly to all of them. We understand he needs to treat the hypertension. Surely there is a treatment without terrible side effects. What do you advise?

**A.** Your husband should not have to suffer in order to control his hypertension. Although he has tried many medications, others may be less likely to cause complications.

To help him better understand his options so he can discuss this problem with his physician, we are sending you our Guide to Blood Pressure Treatment, with a discussion of the pros and cons of the medications and a number of nondrug alternatives. Slow, deep breathing, a diet rich in vegetables and fruits (the DASH diet), weight reduction, magnesium, calcium and potassium all may help. So can beet or pomegranate juice.

**Q.** My sister is drinking mouthwash on a daily basis. What internal damage would be done from drinking 20 or 30 ounces of mouthwash every day for a year?

She had her gallbladder removed two months ago, but she hasn't stopped drinking mouthwash. I am quite worried about her.

**A.** Mouthwash can contain quite a lot of alcohol, 25 percent or more. Consuming 6 or 8 ounces of ethanol a day is bad enough, but also imbibing the other "phenolic compounds" such as eucalyptol, thymol, methyl salicylate and menthol in various types of mouthwash also may be dangerous.

Other readers have reported similar problems: "My girlfriend is a hopeless alcoholic. She lied about drinking, and I found her passed out with an empty bottle of mouthwash in her hand. As I looked around the house, I found many empty bottles of generic mouthwash. I don't know what to do."

We have heard from people whose loved ones have died as a result of abusing alcohol-containing mouthwash. Fighting alcoholism is a difficult task, and you will need a lot of help if your sister is willing to try. Alcoholics Anonymous and Al-Anon can be helpful. A prescription for naltrexone (ReVia) or acamprosate (Campral) along with behavior modification also might make a difference.

**Q.** An MRI has revealed a vascular necrosis of my left femoral head, which is continuing to deteriorate. The doctor stated that several things could have contributed to this situation, among them my long-term steroid use. I am 64 and otherwise in good health. Is this something other people should know about?

**A.** We are sorry to hear about this trouble with your hip. Researchers acknowledge that corticosteroid medications like prednisone can contribute to necrosis of the femoral head, a fancy way of saying death of bone tissue at the top of the femur.

Scientists are a bit uncertain about the exact mechanism for this reaction (Journal of Steroid Biochemistry and Molecular Biology, April 2009). No one knows why some people are more susceptible than others.

Contact the Graedons via their website, [www.PeoplesPharmacy.com](http://www.PeoplesPharmacy.com).

